

## COMBINED DECLARATION & POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

OR

Declaration Submitted With Initial Filing Declaration
Submitted After
Initial Filing
(37 CFR 1.16(e)

Required)

Attorney Docket Number	PG1-1				
First Named Inventor	Herve Jouishomme				
COMPLETE IF KNOWN					
Application Number					
Filing Date					
Group Art Unit					
Examiner Name					

					<u> </u>
As a below named i	nventor, I hereby decla	re that:			
My residence, post of	fice address, and citizen	ship are as stated belov	v next to my name.		
	inal, first and sole invent sted below) of the subject				
3-DIMENSION	NAL IN VITRO MODE	LS OF MAMMALIAN	TISSUES		,
the specification of wl	hich			· · · · · · · · · · · · · · · · · · ·	)
is attached here	to OR				
	DD/YYYY) <u>06/02/2000</u> ber <u>PCT/CA00/00650</u>		tates Application Numbe as amended on (MM/DD		
	ave reviewed and under by any amendment spec			ication, includi	ing the
continuation-in-part a	ty to disclose information pplications, material info ational or PCT internation	rmation which became a	available between the fili	ng date of the	ncluding for prior
inventor's certificate, the United States of A	priority benefits under 3 or 365(a) of any PCT int America, listed below and s certificate, or of any Popriority is claimed.	ernational application wl d have also identified be	hich designated at least low, by checking the box	one country of k, any foreign	ther than application
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	y Attached? No
☐ Additional foreign	an application numbers are	listed on a supplementary	priority data sheet (PTO/SP	NOSB) attached	hereto:

## COMBINED DECLARATION & POWER OF ATTORNEY-Utility or Design Patent Application

Attorney Docket No. PG1-1

I hereby appoint J. Wayne Anderson, Regn no. 28,158

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

J. Wayne Anderson, Regn No: 28,158

P.O. Box 1266, Station B

Ottawa, Ontario, Canada K1P 5R3

Tel: (613) 993-3899 Facsimile: (613) 952-6082

I hereby declare that all statements made herein of my own knowledge are true and that all statements were made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Herve		Family Name or Surname Jouishomme				
Inventor's Signature	е		Date			
Residence: City		State	Country		Citizenship	France
Mailing Address						
City		State	ZIP		Country	
NAME OF SECOND INVENTOR:		☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Jenny		Family Name or Surname Phipps				
Inventor's Signature		Date				
Residence: City	Chelsea	State Quebec	Country	Canada	Citizenship	Canadian
Mailing Address 980 Route 105						
City	Chelsea	State Quebec	ZIP	J9B 1P3	Country	Canada
NAME OF THIRD INVENTOR:		☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Michel		Family Name or Surname Phipps				
Inventor's Signature	е		Date			
Residence: City	Chelsea	State Quebec	Country	Canada	Citizenship	Canadian
Mailing Address	980 Route 105					
City	Chelsea	State Quebec	ZIP	J9B 1P3	Country	Canada
Additional Inventors are being named on the supplemental Additional Inventors sheet PTO/SB/02A attached hereto.						

COMBINED DECLARATION & POWER OF ATTORNEY- Utility or Design Patent Application			ADDITIONAL INVENTOR(S) Supplemental Sheet 11280-01 US		
NAME OF FORTH INVENTOR:		☐ A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Suzanne		Family Name or Surname Lacelle			
Inventor's Signature		Date			
Residence: City Orleans	State Ontario	Country	Canada	Citizenship Canadian	
Mailing Address 921 Chaleur Way					
City Orleans	State Ontario	ZIP	K1C 2R9	Country Canada	
NAME OF FIFTH INVENTOR:		☐ A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country		Citizenship	
Mailing Address					
City	State	ZIP		Country	
NAME OF SIXTH INVENTOR:		☐ A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country Citizenship		Citizenship	
Mailing Address					
City	State	ZIP	<del></del>	Country	
NAME OF SEVENTH INVENTOR:		☐ A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence	State	Citizenship		Citizenship	
City	State	ZIP		Country	